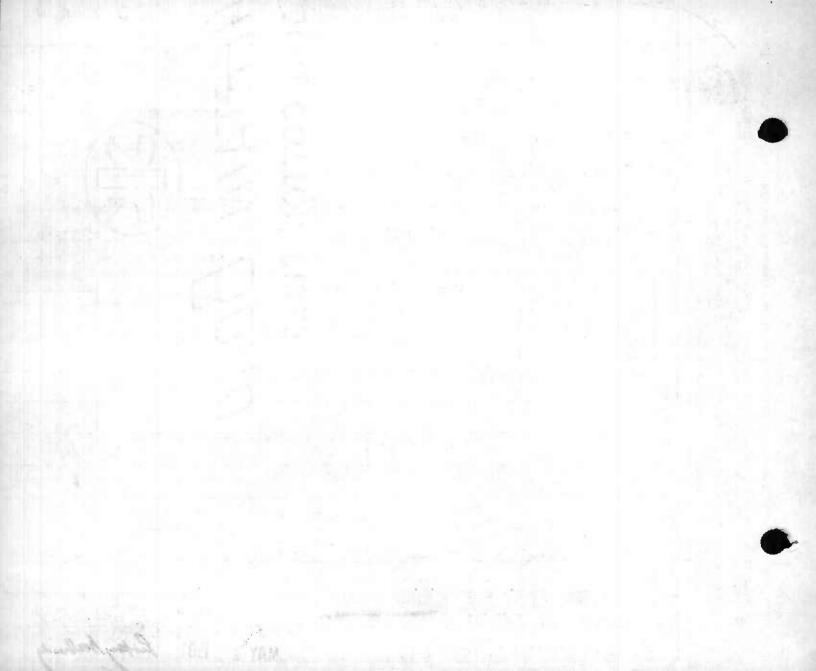


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune should be detached for use as the buriol-transit permit. Then please remove carbonopers. Pages 1 and 2 should be filed within with the State Dept of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is morked or Item 18 shows ony injury, ar other troumotic event, the

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

'	REGISTRAR				CERTIF	ICATE OF D	EATH	REG. N	0.			
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3. SE	×		RACE		5. DATE C	DAY	YEAR	6 AGE (IN YEARS LAST BIRT		MONTHS DAYS	HOURS 24	4 HRS
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- 9	underlying cause	lost.	(c)_	(A CO A CO A CO								111
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FECTOR 1630 Edmondson Ave., CAtonsville, Md²⁵⁶ DATERECTO.

Funeral Home of Catonsville, P.A.21228 APR 2

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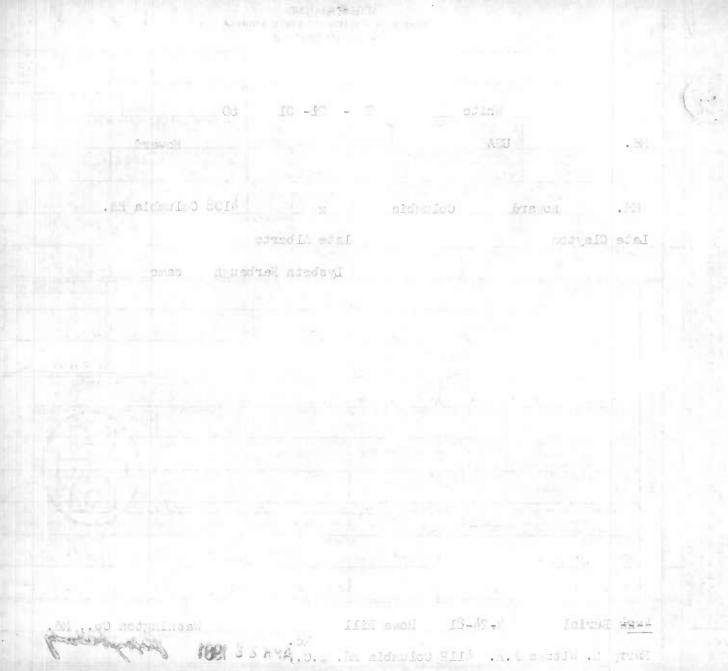
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BALTIMA IRS AFTE GIVE P WITH FG PAGES DIVISION		No.	WAR OR DATES) 175 05 5204 Mrs Florence Fitzgibbond Le	banon Pa.
URS AFTER B. GIVE PA WITH FOIL DIVISION		18. CAUSE OF DEATH (Enter an	ly one cause per line for (a), (b), and (1)	APPROXIMATE INTERVAL
ST., F HOUIN 18.		PART I DEATH WAS CAUSE	b BY:	BETWEEN ONSET AND DEATH
ESTON ST., F HIN 24 HOU IN ITEM 18. R ALONG V JSIT PERMIT. HYGIENE, D		IMMEDIA	TE CAUSE (o)	
PRESTON WITHIN 24 CIL IN ITE/ INER ALOR ANSIT PER MOVAL.		4140	DUE TO, OR AS A CONSEQUENCE OF	
AL YER		Conditions, if any, which gave rise to immediate	(b)	
- 7 Z < 2 7 m		cause (o) stating the <u>under</u> -	DUE TO, OR AS A CONSEQUENCE OF	
301 W. PRESTC CUTED WITHIN IN PENCIL IN I. I. EXAMINER A JRIAL-TRANSIT I ID MENTAL HYC		lying couse last.		F 55 3 1 1 1
DS, 301 W. PREST EXECUTED WITHIN UG" IN PENCLI IN UG" IN PENCLI IN UG" A BURIAL-TRANSII AND MENTAL HY ION, OR REMOVA		PART 2 OTNER SIGNISICANT CONDITIONS	(c)	
S E A A H	z	TAKE Z DINEK SIDNII ICANI CONDITIONS	CONTRIBUTION TO CENTED IN THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (0).	
ECO BE BE END BE MEI MEI AS AS	CERTIFICATION	IN DATE OF OPERATION	The contract of the contract o	
SHOULD ORD "PER CHIEF A CHIEF A LE USED I LA CREA	V	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
F VITAL TE SHOU WORD " HE CHIE HE CHIE ENT OF H SURIAL	H			YES NO
N OF VIT	1 %	21a. EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR P.	ART 2)
SION OF V RTIFICATE IG THE WAY O TO THE SHOULD IN PARTMEN		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR	
O FLAKE	MEDICAL	21d. INJURY OCCURRED	DEATH P.M. 19 21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
DIVIS HIS CER WRITING ARDED AGE 3 S ATE DEP	W.		STREET FACTORY FARM FIC STREET CITY OR TOWN	DUNTY STATE
DIN HIS C WRIT VARDI VARDI AGE :		AT WORK AT WORK		
STS		22s Licertify that Ltook charg	ge of the remains described abave, held on Autopsy , Inspection , Inquiry , and in my o	nninian
A S S S S S S S S S S S S S S S S S S S		, ,		pittott
XAMIN ERTIFIC LD BE I IRECTO WITH TH		death resulted from: Notus	ral couses IX, Accident II, Suicide II, Homicide II Undetermined manner II,	
L EXA COULD OULD H, WILL MARY		ACTUAL /	of a Colle Alberta & DATE	4-1-01
EDICAL EXAMI TE THE CERTIFIE A SHOULD BE NERAL DIRECT DEATH, WITH	1	SIGNATURE	M.D. MEDICAL EXAMINER SIGN	
MEDICA CUTE TH SE 4 SH FUNERA ER DEAT		EVALUATEDICATE D. A	DDI CALLED SUED ST Jel.	. 6. I.
C TIME DATE		EXAMINER'S NAME BH	NBU CACIN ADDRESS 3439 Jour	stee L'C-
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE,	23a.B	URIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	INTERNATION OF THE PROPERTY OF
	(5		CITY OF TOWN COL	sylvania
BP	24. F	JNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 255. REGISTRAR'S	
DHMH - 17 (VR A15 ME (5))			112 Columbia Rd Ellicott City	Betellende
30M 7/73			APR 03 1981	,

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e £		REGISTRAR DECEASED NAME FIRST TYPE OR PRINT)	WIDDLE	LAS	ī	REG. N 20. DATE OF DEATH	MONTH DAY YEAR 26 HC
op be	3	RANDE	1 RACE	Harba	ugh	1.465	4 21 01 /
Page 4, may		N/		MONTH	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYEAR IF UND
The state of	1	a. BIRTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COU	NTRY? 8	- 2b- 01	9 BALTIMORE CITY C	OR COUNTY OF DEATH
death.	34	Md .	USA	MARRIED	NEVER MARRIED		
by the functiled within	11	Ellicon City	11. NAME OF HOSPITAL, N	NURSING HOME OR	OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION 12b. KIND OF BUSI OF WORKING LIFE) INDUSTRY
ours in b in b		USUAL RESIDENCE (IF NURSING HOME	E OR OTHER INSTITUTION, GIVE RESIDENCE	E BEFORE ADMISSION)			
24 h filled auld b	55	Md • How			3d INSIDE CITY LIMITS? YES IN O	4108 Colum	mhia Ra
thin thin 2 sh		4 FATHER'S NAME	=7,0=		5. MOTHER'S MAIDEN NAM	AE	TOTE VA •
	30	Late Clayton	MIDDLE		late Alberta	WIDDLE	LAST
executed and comp ages I an	1	60 WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIA		7. INFORMANT	ADDRI	ESS
be execu on and c		(TES, NO OR UNKNOWN)	GIVE WAR OR DATES)	200	Lysbeth Harb	augh sar	ne
certificate b ng physicia banpapers. remaval.	ľ	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a),	(b), and (c)	2000011 1222	waga ba	APPROXIMATE IN BETWEEN ONSET A
s that the deced by the attended by the attended rind, cremation or other traus		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last		SEQUENCE OF			1-2 meek
quire signi hen p ta bu ijury,		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	A		INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
ow rependent	9	SKIN INFE	196 CONDITION FOR V	VHICH OPERATION		200 AUTOPSY?	20b. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE. YES \(\bigcap \) NO
phys phys fiffico l-tro ol H)				H DAY YEAR	21¢ HOW INJURY OCCURR		
4 4 4 P		OR CONTRIBUTING CAUSE OF I	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, (2	OF LOCATION STREET	CITY OR TOV	NN COUNTY
T C C S S S S S S S S S S S S S S S S S			spital) attended the deceased on 4/20 not) view the body after death.	de l	that in (my) (aur) opinion d	, , , ,	21, 19, 81, that (1) ate and hour and from the causes:
그 후 그 후 후 근		1226. SIGNATURE	eleco, M		GREE ATTENDING	MEDICAL STAI	224. DATE SIGNER
TO HOSPITAL etained by th TO FUNERAL should be det with the State	1	B. H. MINC			22e ADDRESS	S	ke : Ellicott Ci
APO APO		- // /// ///					10 1110011 00
TO HOSP retained TO FUNE should be with the SUMPORTA	2	3a BURIAL, CREMATION, REMOV.	AL 236. DATE	23c. NAME OF CEM	METERY OR CREMATORY	23d. LOCATION	COUNTY



- STATE

REGISTRAR

. DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

March 22, 1896

KRAFT

5. DATE OF BIRTH

WIDOWED

REG. NO 20. DATE OF DEATH MONTH 2b. HOUR April 19, 1981

6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR

85

IF UNDER 24 HRS

Sinclair

BALTIMORE CITY OR COUNTY OF DEATH

MARRIED NEVER MARRIED

Howerd County DIVORCED [

12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

Housewife

3302 Coventry Court Drive

13d. INSIDE CITY LIMITS? NXXX

15 MOTHER'S MAIDEN NAME Clere

17 INFORMANT

ADDRESS

Ketherine Kreft, 3302 Coventry Ct.Dr.

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and c le Carles Vosc pesis DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

HOUR A.M. MONTH DAY YEAR

21f LOCATION

20a AUTOPSY?

NO

and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated

CITY OR TOWN

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

YES [

20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH?

COUNTY

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

STAFF

22c. DATE SIGNED

DEGREE

22e. ADDRESS

5772 Westview Mall. Cetonsville.Md. 23d LOCATION

230. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burial

23¢ NAME OF CEMETERY OR CREMATORY Lekeview Cemetery

Sykesville, Carroll, Md.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR 1630 Edmondeon Ave, Cetonsville, Md 250 DATE REC'D. BY REGISTRAR 256 REGIST ARES SIGNATURE AND ELECTRICAL HOME OF CETON ADDRESS 11 Md 21228 APR 2 1 1081 Witzke Funeral Home of Cetonsville, Md. 21228

4/22/81

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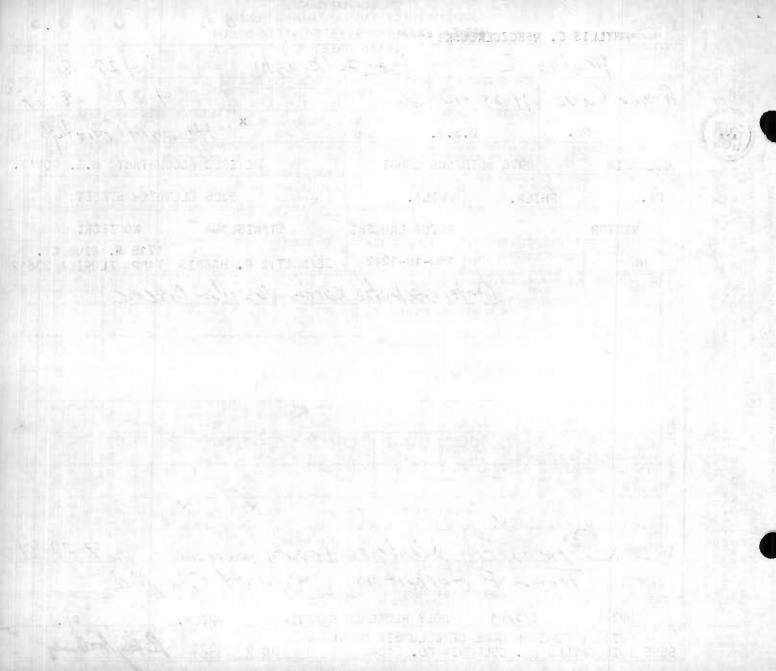
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-Curtis Norris 2319 81 4. RACE AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male 19 81 White Nov. 21, 1955 25 DEAD 7h. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED Maryland U.S.A. Howard County WIDOWED DIVORCED 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 F 2 SHOULD BE FILED, W AL RECORDS, 201 W(1) IB. CITY OR TOWN OF DEATH MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Mt. Airy Rt. 70 at Watersville Rd. Overpass
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Equipment operator, Excavating 134. INSIDE CITY LIMITS? 130. STREET ADDRESS 13a. STATE 13c. CITY OR TOWN Frederick Maryland Mt. Airy 1904 S. Main St. YES X T. PAGES LAND 2 SH DIVISION ONVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Wallace Norris Pauline Dixon 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 215-48-8037 Pauline C. Norris, Item 13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH BE USED AS A BURIAL - TRANSIT PERMIT. NT OF HEALTH AND MENTAL HYGIENE, DIELEMAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X TO MEDICAL EXAMINER: THIS CERTIFICATE SPECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CIT OF UNDER DISTANCE OF SHOULD BE THE STATE DEPARMENT.

BALFMORE, MARTYGAND, 21201 PRIOR TO BUILD BE THE CITY OF THE STATE OF 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR 1:45 M. 4 23 19 81 UNDERLYING Driver of auto that struck parked FFAFT8F CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION STREET, FACTORY, FARM, ETC.) AT WORK Howard Md road Pd.Overpass 220. I certify that I taak charge at the remains described above, held an Hamicide death resulted from: Undetermined manner M. Deputy Chiefmedical Examiner DATE 4/23/81 EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn Street, Baltimore, MD.21201 23g BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Damascus Montgomery

256. DATE PEC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Burial Apr. 25, 1981 Montgomery Meth. BP 24 FUNERAL DIRECTOR NAME Olin L. Molesworth, P.A., Damascus, Md. DHMH - 17 (VR A 15 ME (5)) 15M 2/80

1,12. in write to the contract of th noted . The second of the seco 15-1-37 1 127 Martin Committee of the r. . , 11 de contra de con .la , reserver , .l. . Crosenia . All

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	1-	PHILO	MENA C	PSZCZOLI	N 700 47		ERTIFICATE O		REG. NO.	1 1 0	0
	1. DE	CEASED NAME	FIRST			lso F	RESTUN)	20. DATE OF	KNOWN D MONTH	H CAY YEAR	2b. HOUR
URS.		1/1	41113		15	202	O/ROWS K	DEATH	MATED 14	27 1981	N
URECTOR. OUR FILES. 72 HOURS IN STREET,	J. SE	make Ca	ML	5. DATE OF BIRTH	YEAR LAST BIRTHE	DAY) MONT	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUN DEAD	ICED 4-27	DAY YEAR	112 HOUR
1 To	7a_8	RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF WHA	AT COUNTRY?	1	ED NEVER MARRI	ED X 9. BALTIM	ORE CITY OR COU	NTY OF DEATH	
图》	10.6	TY OR TOWN OF DEA	a.		S.A.	WIDOW			oward (punty	MD
0c 75		OLUMBIA	ATH.	(IF NOT IN SUCH FACE	ITAL, NURSING HOM LLITY, GIVE STREET ADDRESS) BANKS COUR		ER INSTITUTION	FOR MOST OF WOR	ATION (TYPE OF WORK (ING LIFE) ACCOUNTANT	OR INDUST	TRY
?	13a. S		136 COUNT		RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN PHILA.	ion)	13d INSIDE CITY LIMITS? YES MO		SS LENVIEW S		711
7	14. F/	THER'S NAME		MIDDLE			15. MOTHER'S MAIDE	N NAME	DDLE	LACT	
2		VICTOR	107-1-		PSZCZOLKI		STA	ANISLAWA "	KOC	IECKÎ	
	16a. V (Y	VAS DECEASED EVER ES, NO. OR UNKNOWN) NO	IN U.S. ARM (IF YES, GIVE W		160-10-12		JEANNETTI	E P. HARRI		. Club C	
1		18. CAUSE OF DEAT	H (Enter anly	ane cause per hije fo	as(a), (b), and (c).)	1-	- 1	. /	1	APPROXIMAT BETWEEN ONSI	E INTERVAL
		PART I DEATH W	AS CAUSED IMMEDIATE	1 -TK 1	terroschen	are	Cardio-V	escusion	45/156	BETWEEN ONS	ET AND DEATH
		7272	Tanan da tak	DUE TO, OR A	S A CONSEQUENCE	OF					
- 1		Canditians, if a	immediate	(b)							
		cause (a) stating lying cause last.	the under-	DUE TO, OR A	S A CONSEQUENCE	OF				1 78	
		PART 2 OTNER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DEATH RU	IT NOT RELATED TO THE TERM	MINAL DICEACE	OR CONDITION GIVEN IN PAI	T 1 (-)			
I	NO			30	THE RELATED TO THE TEND	MINAL DISCASI	OK COMMITTION GIFTEN IN PAI	(1 1 (Q),			
5	CERTIFICATION	190. DATE OF OPERA	TION	19b. CONDITIO	ON FOR WHICH OPE	RATION W	AS PERFORMED?			20. AUTOPSY	?
	TIFK									YES 🗆	NOR
1		UNDERLYING	OR		MONTH DAY YEA	R 21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF INJ	URY IN ITEM 18 PART 1 OR F	PART 2)	
1	MEDICAL	CONTRIBUTING ()		21e PLACE OF			CATION				
		WHILE NOT AT W	WHILE	STREET, FACTO	RY, FARM, ETC.)	S	TREET	CITY OR TOV	VN C	OUNTY	STATE
1		22a. I certify that I	taak charge	of the remains descr	ibed abave, held an	Autap	sy , Inspection	Inquiry	and in my o	apinion	
		death resulted fram	Natura	al causes	Accident S	vicide .	, Homicide .	Undetermined ma			
		ACTUAL \	10.	0	15 /2.1	1,12	TITLE (SPECIFY)			LL 27	1-8-1
4		SIGNATURE	am	as of	Herr	WM	o. Kerry	MEDICAL EXAM	INER SIGN	F 4. 27	-0/
2		EXAMINER'S NAME (TYPE OR PRINT)	Thor	nes F	Herbert	10	ADDRESS 9/13	cott 9	In MA	2.	
1	23a.B	JRIAL, CREMATION, R			23c. NAME OF CE	METERY O	R CREMATORY	23d. LOCATION CITY OR TOWN	/ (0	JUNTY S	TATE
- 1		BURIAL		5/2/81	HOLY RED	EEMER		PHIL	Α.	PA.	
		NAME WITZK			OF COLUMBI		YLANU	EC'D. BY REGISTRA	R 256. REGISTRAR'S	SIGNATURE	
1	_55	555 TWIN KI	VOLLS	RD. COLUM	BIA MD. 21	U45	API	2 9 1981	brokend	77.00000	7



	REGISTRAR U ECEASED NAM YPE OR PRINT)	E FIRST	81 rc ME	MIDDLE MIDDLE	LK 3 (LAST	20. E	REG. DATE KNOWN OF ESTI-	NO.	DAY	YEAR 21	h HOUR
1/5		Bonn	ie	Jean	Th	nornton		EATH MATED	4	7 19	81	м
J. SE	emale	White	June 28	YEAR LAST BIRTHDA	Y) MONT	DER TYR. IF UNDER	24 HRS. 2c. MIN. PRO	DATE NOUNCED DEAD	4 4	7 ₁₅	,81	9:50
70. E	BIRTHPLACE (S FOREIGN COUNTRY) New York	TATE OR	76. CITIZEN OF W		8 MARR WIDOW	IED NEVER MARR	IED 📙	ALTIMORE CIT		NTY OF DEA		140
0	city or town		Howard	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS! County Gener	ral H	Hospital	Nurs	OCCUPATION OF WORKING LIFE	(TYPE OF WORK	12b. KIND OR IN	OF BUSII DUSTRY	NESS.
USU 13a.	AL RESIDENCE STATE Marylan	d How	or other institution, G ITY Brd	13c CITY OR TOWN)N)	13d. INSIDE CITY LIMITS? YES NO	15655	burham	Rd Wes	st Col	.umbi	a
X.	ATHER'S NAME FIRST Late San	nuel B. F	ray	LAST		15. MOTHER'S MAID! Marjori	en name	WIDDLE		LAS	ı	
160	WAS DECEASE YES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY 263 52 26		Dr. Willi		rnton 1		versi	ty P	kwy.
ATION	95	EATH WAS CAUSE IMMEDIA ns, if any, which	TE CAUSE (o) LT	toxication b					tal			
	gave ri cause (a lying cou	se to immediate) stating the <u>under-</u> use last.	(b)	R AS A CONSEQUENCE O)F		7					
FICATION	gave ri cause (a lying cou	se to immediate) stating the <u>under-</u> use last.	DUE TO, OF		DF NAL OISEASI	E OR CONDITION GIVEN IN PA	7			20 AUT		
CALCERTIFICATION	gave ri cause (a) lying cou PART 2 OTHER SI 19a DATE OF	se to immediate of stating the under- use last. GNIFICANT CONDITIONS OPERATION AL CAUSE WAS	(b)	BUT NOT RELATED TO THE TERMIN TION FOR WHICH OPERA FINJURY A. MONTH, DAY YEAR	NAL DISEASI	E OR CONDITION GIVEN IN PA	RT 1 10	re of injury in item	1 18 PART 1 OR P	YES	OPSY?	NO []
MEDICAL	gave ri cause (a) lying cou PART 2 OTHER SI 19a DATE OF	Se to immediate of stating the under- use lost. GHIFICANT CONDITIONS OPERATION AL CAUSE WAS OR NG CAUSE OF	(CONTRIBUTING TO OBATH 19b. COND 21b. TIME O HOUR A.A 21e PLACE	BUT NOT RELATED TO THE TERMIN ITION FOR WHICH OPERA F INJURY A. MONTH DAY YEAR A. MONTH DAY YEAR	NAL DISEASI ATION W	E OR CONDITION GIVEN IN PA 'AS PERFORMED? OW INJURY OCCURRE	RI I IO	re of injury in item		YES	*X 1	STATE
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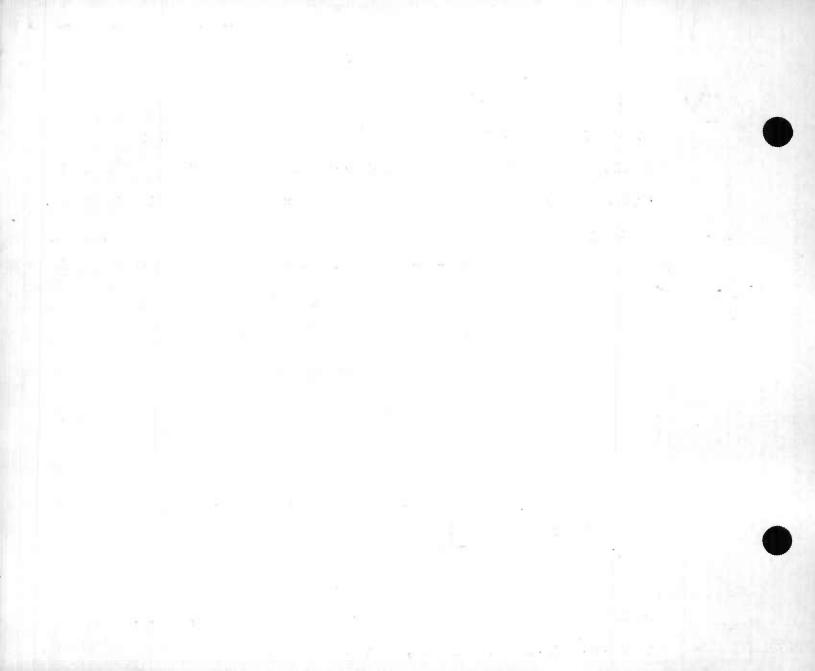
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	L'	REGISTRAR			CERTIF	ICATE OF C	DEATH	REG. NO			
		CEASED NAME FIRST		WIDDLE	l l	AST		20. DATE OF DEATH	NONTH DAY	YEAR	26 HOUR
y be 30ge 3 death		ROBERT		ETER		BRIDE	GE		RIL 27		12.22 pm
m b	3 SE		4 RACE	,	S. DATE C		YE AR	6 AGE (IN YEARS LAST BIRTH	DAY) IF U	INDER I YEAR	HOURS MIN
7 mass		M	N		AUG	8	1962	18	YRS		
O 111/80		IRTHPLACE ISTATE OR FOREIGN OUNTRY) TEXAS		WHAT COUNTRY?	MARRIE WIDO WE	D NEVER	MARRIED X	HOWARD	Co.	DEATH	MD.
i k i i		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	120 USUAL OCCUPATIO	WORKING HEE	12b. KIND O	F BUSINESS OR
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AND 212 24 hour filled in ould be must be	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL		13c CITY OR TOW		13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS	H TOR	HILL	
erthin othin 2 shine	14. F.	ATHER'S NAME	MIDDLE	LAST		15 MOTHER	S MAIDEN NAM				
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d co		WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMA		ADDRES	S	/	
IMORE on ond con ond c		No	- WAR OR DATES)	NON	E	DAVI	D DA	IVIS WOOD	BRIDG	E (F	ATHER)
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or re		3591		DR AS A CONSECUL	ENCE OF	- 4	HE	ART FAILUR	E		
ESTG deat other fron,		Conditions, if any, which	- 1	DVANCED	DUCHE	NNES	Muscul	AR DYSTROP	HY	13 Y	EARS
the the er tr		gove rise to immediate couse (a), stating the	DUE TO, C	R AS A CONSEQUE	ENCE OF		,				
that that d by eose ol, cr		underlying cause last	(c)								
S, 26	7	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR COND	ITION GIVEN	IN PART 10	5
RECORDS,	CERTIFICATION								V S		
SECO Iow Iow Second	S	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	106 IF YES, W		
	1 2							YES NO X	YES [NO 🗆
DIVISION OF VITAL INC PHYSICIAN: The offending physician state burdintons in the not Amental Hygier orked or Item 18 show		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216. TIME O	DFINJURY M. MONTH D.	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1	OR PART 2)	
SICLI ng R cert	N N	(IF EITHER, NOTIFY MEDICAL EXAMINER	P	.M.	19						
SIOI this the bu	MEDICAL	21d. INJURY OCCURRED WHILE INDIVIDUE I	21e PLACE (AT HOME, ST	OF INJURY	ARM, ETC.)	21f. LOCATIO	ON	CITY OR TOWN	4	COUNTY	STATE
NG Notes		AT WORK AT WORK				-	=173	133 2 47	2	21	
OR A		220.1 certify that (1) (this hosp			UCT	1 12	. 19 79	to MAR, Z.	. 172	81	that (I) we lost
ATTE aspitu is CTC d for t. of m 21		sow the described alive on above, (I) (we)(did) (did no	view the body	y ofter death.		id that in (my)	Cour opinion o	leath accurred on the dat	e ond hour on		
OR A DIRECTOR A DIRECTOR OF THE DEPT.	100	27b. SIGNATURE	10	24.1		DEGREE	ATTENDING .	* MEDICAL STAFF		22c. DATE	L 28. 1981
RAL RAL NT:		tustu		····	/	4 100	PHYSICIAN X	MEDICAL STAFF	AN	17 ")
HOSPITAL ined by the ined by the FUNERAL I und be deto the forest of the Store in t		27d PHYSICIAN'S NAME (TYPE C		3		22e ADDRES	MARY	AND GENEI	CAL ITO	SILTA	901
TO HOSPIT efoined by TO FUNER Sthould be with the St		RUSTUM IRA						UE, BALTIM	UKE, 19.	D, 0(1	201
	230.	BURIAL, CREMATION, REMOVAL	236. DATE	236.1	TEADE	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	COL	UNTY	STATE
BP		BURIAL	14/2	9/11	K	12.V1		ELKRIDG.		wars	
VR A 15 (4))		UNERAL DIRECTOR	140	90 ADDRESS	ne let e e	n e		REC'D. BY REGISTRAR 2	b. REGIRAR	rs sic TA	NOE.
(VK A 13 (4))	11.	CEAL 1 / Nules	1 73	IN LANDING	4 17/6	6	- 0	- 0 0 1001	AAAP 1987	4//	and the second

